

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL****FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:

0 1 — 0 1 1

2. STATE:

MONTANA

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

JULY 1, 2001

5. TYPE OF PLAN MATERIAL (*Check One*):☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENTCOMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate Transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION:

42CFR 430.12

7. FEDERAL BUDGET IMPACT:

a. FFY 2001 \$ 0

b. FFY 2002 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

SUPPLEMENT TO
ATTACHMENT 3.1A, SERVICE 6(a)
3.1B, SERVICE 6(a)9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (*If Applicable*):SUPPLEMENT TO
ATTACHMENT 3.1A, SERVICE 6(a)
3.1B, SERVICE 6(a)

10. SUBJECT OF AMENDMENT:

REMOVE LIMITATIONS ON PODIATRIST SERVICES

11. GOVERNOR'S REVIEW (*Check One*):☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☒ OTHER, AS SPECIFIED:

SINGLE STATE AGENCY DIRECTOR

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

GAIL GRAY

14. TITLE:

DIRECTOR

15. DATE SUBMITTED:

5-11-01

16. RETURN TO:

DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES
ATTN: JEAN ROBERTSON
PO BOX 202951
HELENA MT 59620-2951**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

May 25, 2001

18. DATE APPROVED:

6/12/01

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

7/1/01

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Spencer K. Ericson

22. TITLE:

Acting Associate Regional Administrator

23. REMARKS:

POSTMARK: May 24, 2001

MONTANA

The following limitations apply to Podiatrist services:

1. Services considered experimental are not a benefit of the Montana Medicaid Program. Experimental services include all procedures, items and prescribed drugs:
 - A. Considered experimental by the U.S. Department of Health and Human Services (HHS) or any other appropriate federal agency;
 - B. Provided as part of a control study, approved by HHS or any other appropriate federal agency to demonstrate whether the item, prescribed drug or procedure is safe and effective in curing, preventing, correcting or alleviating the effects of certain medical conditions; and,
 - C. Which may be subject to question but not covered in A. and B. above. These services will be evaluated by the Department's designated medical review organization.

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